

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041247

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 353 Primary Registration District No. 4473 Registrar's No. 70

FILED OCT 30 1962

1. PLACE OF DEATH a. COUNTY <u>SALINE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>SALINE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BLACKBURN</u>		c. CITY OR TOWN <u>BLACKBURN</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb <u>Like time</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>August</u> Middle <u>Ernest</u> Last <u>Reith</u>			4. DATE OF DEATH Month <u>Oct</u> Day <u>26</u> Year <u>1962</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/29/1888</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>27</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) <u>Store Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GROCERY</u>		11. BIRTHPLACE (City and state or country) <u>CONCORDIA Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Reith</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET Feldman</u>	
14. NAME OF HUSBAND OR WIFE <u>CLARA Reith</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT <u>John Clara Reith, Blackburn, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>about 18 hrs</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Post encephalitic mental deterioration</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u></u>	
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		20f. CITY, TOWN, OR LOCATION <u></u>	
COUNTY <u></u>		STATE <u></u>	

21. I attended the deceased from <u>1952</u> to <u>10-1962</u> and last saw her alive on <u>10-25-1962</u> Death occurred at <u>12:15 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Jordan Stelling M.D.</u>	22b. ADDRESS <u>Waverly, Missouri</u>	22c. DATE SIGNED <u>10-27-62</u>
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23a. BURIAL, CREATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Oct. 28, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BLACKBURN Cemetery</u>	23d. LOCATION (City, town, or county) <u>BLACKBURN Missouri</u>
24. FUNERAL DIRECTOR <u>Jane Miller Sweet Springs, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 28, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Mary Massey</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 8 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wm Y Miller

Licensed Embalmer No. 4783

P. O. Address Shawnee Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.